



NATIONAL FLOOD INSURANCE PROGRAM

FEMA MAP COORDINATION CONTRACTOR

(Revision Requester)

IN REPLY REFER TO:

Case No.: _____

Community: _____

Community No.: _____

316-ACK.FRQ[REF]

Dear _____:

[USE FOLLOWING PARAGRAPH WHEN RESPONDING TO INITIAL SUBMITTAL]

This responds to your request dated **(Date of Requester's Letter)**, that the Federal Emergency Management Agency (FEMA) issue a [conditional] revision to the Flood Insurance Rate Map (FIRM) [and Flood Boundary and Floodway Map (FBFM)] for [the above-referenced community(ies) / **(Name of County)**, **(Name of State)**, and Incorporated Areas]. Pertinent information about the request is listed below.

[USE FOLLOWING PARAGRAPH WHEN RESPONDING TO A FOLLOWUP SUBMITTAL]

This responds to your letter dated letter dated **(Date of Requester's Follow up Letter)**, concerning a **(Date of Requester's Original Letter)**, request that the Federal Emergency Management Agency (FEMA) issue a [conditional] revision to the Flood Insurance Rate Map (FIRM) [and Flood Boundary and Floodway Map (FBFM)] for [the above-referenced community(ies) / **(Name of County)**, **(Name of State)**, and Incorporated Areas]. Pertinent information about the request is listed below.

Identifier: _____

Flooding Source: _____

FIRM Panel(s) Affected: _____

FBFM Panel(s) Affected: _____

[USE FOLLOWING PARAGRAPH FOR REFUND OF OVERPAYMENT OF REVIEW AND PROCESSING FEE BY CASHIER'S CHECK OR MONEY ORDER]

With your request, you submitted a cashier's check or money order in the amount of **\$(Fee Submitted)** to defray the cost of FEMA's review. The processing fee for your request is **\$(Required Fee)**. Therefore, a check in the amount of **\$(Refund)** will be forwarded to you under separate cover within 60 days. Please notify us if you do not receive the check within the specified timeframe.

(MCC Address, Telephone Number, and Fax Number)

(MCC Company Name), under contract with the FEDERAL EMERGENCY MANAGEMENT AGENCY, is a
Map Coordination Contractor for the National Flood Insurance Program

[USE FOLLOWING PARAGRAPH FOR REFUND OF OVERPAYMENT OF REVIEW AND PROCESSING FEE BY CHECK]

With your request, you submitted a check in the amount of **\$(Fee Submitted)** to defray the cost of FEMA's review. The correct review and processing fee for your request is [\$3,100/\$3,400/\$4,000/\$6,000]. Therefore, as required by provisions of the Debt Collection Improvement Act of 1996 (Pub. L. 104-134), as implemented by the U.S. Treasury via 31 CFR Part 208, we will refund **\$(Refund)** electronically, using the bank information referenced on your check. Please notify us if this refund has not been posted to your account within 30 days of the date of this letter.

[USE FOLLOWING PARAGRAPH FOR REFUND OF OVERPAYMENT OF REVIEW AND PROCESSING FEE MADE BY CREDIT CARD]

With your request, you submitted a credit card payment in the amount of **\$(Fee Submitted)** to defray the cost of FEMA's review. The correct review and processing fee for your request is [\$3,100/\$3,400/\$4,000/\$6,000]. Therefore, a refund of **\$(Refund)** has been credited to your account electronically by the FEMA Fee-Charge System Administrator as of the date of this letter.

[USE FOLLOWING PARAGRAPH IF NO FEE WAS SUBMITTED]

FEMA has implemented a procedure to recover costs associated with reviewing and processing requests for modifications to published flood information and maps. Effective June 1, 2000, FEMA revised that fee schedule. A copy of the notice summarizing the current fee schedule, which was published in the *Federal Register*, is enclosed for your information. In accordance with this schedule, the fee for your request is [\$3,100/\$3,400/\$4,000/\$6,000] and must be submitted before we can continue processing your request. Payment of this fee must be made in the form of a check or money order, made payable in U.S. funds to the National Flood Insurance Program, or credit card payment. For identification purposes, the case number referenced above must be included on the check or money order. We will not perform a detailed technical review of your request until payment is received.

Payment must be forwarded to one of the addresses listed below.

Using U.S. Postal Service:
Federal Emergency Management Agency
Fee-Charge System Administrator
P.O. Box 3173
Merrifield, VA 22116-3173

Using overnight service:
Fee-Charge System Administrator
c/o Dewberry & Davis, METS Division
8401 Arlington Boulevard
Fairfax, VA 22031

[USE FOLLOWING PARAGRAPH IF AN INSUFFICIENT FEE WAS SUBMITTED]

Effective June 1, 2000, FEMA revised the fee schedule for reviewing and processing requests for conditional and final modifications to published flood information and maps. A copy of the notice summarizing the current fee schedule, which was published in the *Federal Register*, is enclosed for your information. In accordance with this schedule, the fee for your request is [\$3,100/\$3,400/\$4,000/\$6,000]. The amount you submitted, **\$(Amount Submitted)**, is not sufficient. The balance, **\$(Balance Required)**, must be submitted before we can continue processing your request. Payment of this fee must be made in the form of a check or money order, payable in U.S. funds to the National Flood Insurance Program (NFIP), or a credit card payment. For identification purposes, the case number referenced above must be included on the check or money order. We will not perform a detailed technical review of your request until we receive this payment.

Payment must be forwarded to one of the addresses listed below.

Using U.S. Postal Service:
Federal Emergency Management Agency
Fee-Charge System Administrator
P.O. Box 3173
Merrifield, VA 22116-3173

Using overnight service:
Fee-Charge System Administrator
c/o Dewberry & Davis, METS Division
8401 Arlington Boulevard
Fairfax, VA 22031

[USE FOLLOWING PARAGRAPH WHEN FORMS REQUIRED, BUT NOT SUBMITTED]

On October 1, 1992, FEMA implemented the use of application/certification forms for requesting revisions or amendments to National Flood Insurance Program (NFIP) maps for two reasons. First, because the forms provide a step-by-step process for requesters to follow and are comprehensive, requesters are assured of providing all of the necessary information to support their requests without having to go through an iterative process of providing additional information in a piecemeal fashion.. Second, because use of the forms ensures that the requesters' submissions are complete and more logically structured, FEMA can complete its review in a shorter timeframe. While completing the forms may appear to be burdensome, FEMA believes it is prudent to do so because of the advantages that result for the requester.

[USE FOLLOWING PARAGRAPH WHEN ALL DATA, FORMS, AND FEES RECEIVED]

We have completed an inventory of the items that you submitted. We have received the data and the review and processing fee \$(Amount Received) required to begin a detailed technical review of your request. If additional data are required, we will inform you within (30 / 60) days of the date of this letter.

[USE FOLLOWING PARAGRAPH WHEN ADDITIONAL DATA, FORMS, OR FEES ARE REQUIRED. NOTE: IN ITEMIZED LIST, INCLUDE ONLY ITEMS THAT MUST BE PROVIDED AND DELETE ALL OTHER ITEMS.]

We have completed an inventory of the items that you submitted. The items identified below are required before we can begin a detailed review of your request.

1. All applicable forms from the enclosed "Application/Certification Forms" package and the necessary supporting data, as described in the package instructions, must be submitted.
2. The following forms, which were omitted from your previous submittal, must be provided:
 - a. Form 1, entitled "Revision Requester and Community Official Form"
 - b. Form 3, entitled "Hydrologic Analysis Form"
 - c. Form 4, entitled "Riverine Hydraulic Analysis Form"
 - d. Form 5, entitled "Riverine/Coastal Mapping Form"
 - e. Form 6, entitled "Channelization Form"
 - f. Form 7, entitled "Bridge/Culvert Form" (one form per new/revised bridge/culvert)
 - g. Form 8, entitled "Levee/Floodwall System Analysis Form"
 - h. Form 9, entitled "Coastal Analysis Form"
 - i. Form 10, entitled "Coastal Structures Form"
 - j. Form 11, entitled "Dam Form"
 - k. Form 12, entitled "Alluvial Fan Flooding Form"

3. With this letter, we are returning the original package indicating those application/certification forms that have not been completed in their entirety or on which data were requested. The item(s) that must be completed and/or statement(s) requesting data have/has been marked with an asterisk (*). Please revise and resubmit the form package.
4. **[USE ONLY FOR LISTING ADDITIONAL ITEMS: _____]**

[USE FOLLOWING PARAGRAPH WHEN ITEMIZED LIST INCLUDED ABOVE]

All required items are to be submitted to us at the address shown at the bottom of the first page. If all required items are not submitted within 90 days of the date of this letter, FEMA will treat any subsequent request as an original submittal, and it will be subject to all submittal/payment procedures.

If you are unable to meet the 90-day deadline for submittal of required items and would like FEMA to continue processing your request, you must request an extension of the deadline. This request must be submitted to us in writing and must provide (1) the reason why the data cannot be submitted within the requested timeframe and (2) a new date for the submittal of the data. FEMA receives a very large volume of requests and cannot maintain inactive requests for an indefinite period of time. Therefore, the fees will be forfeited for any request for which neither the requested data nor a written extension request is received within 90 days.

When you write us about your request, please include the case number referenced above in your letter. If you have any questions concerning your request, FEMA policy, or the [National Flood Insurance Program/NFIP] in general, please call the Revisions Coordinator for your state (**MCC Revisions Coordinator Name**), who may be reached, toll free, at 1-877-FEMA MAP (1-877-336-2627).

Sincerely,

MCC Contact's Digitized Signature

(MCC Contact's Name)

(MCC Contact's Title)

[Enclosure/Enclosures]

cc: **[NAME AND ADDRESS OF COMMUNITY OFFICIAL IF COMMUNITY IS NOT REQUESTER]**

bcc: Regional Director R____-MT
State Coordinator
MT-TS-HS Chron MT-TS-HS
FCSA (O. Anderson)
MCC Case File